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INTRODUCTION

State Responsibilities

Two primary responsibilities of DMH Forensic Services are to:

* Monitor CONREP programs in order to maintain standards of practice which optimize community safety; and

* Assist in the delivery of assessment, treatment and supervision services by providing technical assistance and clinical consultation to programs.

Purpose of Review

State forensic services staff must maintain current knowledge of each CONREP program in order to evaluate the program's operation in all areas relevant to safe and effective treatment. To this end, the Department has established a clinical program review process.

The information and knowledge gained in these reviews will be used to assist programs in providing quality services. The information will also contribute to the continuing development of an overall CONREP program philosophy and policy.

Overview

CONREP programs are reviewed on both an informal and formal basis. (See descriptions on following pages.) The information in this manual section regarding the review process and focus is provided to assist local programs in preparing for these reviews.

The **Program Review Guidelines** outline areas which may be the subject of either a formal or informal program review. The scope of the review will vary according to the type of review being conducted (formal vs. informal) and Forensic Services staff requirements for specific information.

FORMAL REVIEW PROCESS

Review Method

A Clinical Review Team is appointed by the CONREP Operations Manager and may include staff of other CONREP programs in addition to state personnel. The program review will be conducted through analysis of relevant program data, interviews, record reviews, observation and inspection of facilities and treatment program sites.

Frequency

The Department's will conduct a formal review of the clinical aspect of each CONREP program by the end of the first contract term of any new CONREP contractor. DMH may also conduct a formal review at any other time when it is determined as necessary by State Forensic Services staff.

Review Focus

The Clinical Review Team will conduct a detailed examination of the overall community clinical program including:

* Implementation of CONREP philosophy;

* Compliance with all relevant statutes and policies; and

* Maintenance of appropriate CONREP standards of practice as described in the **CONREP Policy and Procedure Manual** and the review guidelines (see below).

Program Review Guidelines

The **Program Review Guidelines** were established to provide a working list of areas which may be the subject of a program review (see following pages). The guidelines are divided into two general areas:

* Program Administration & Operations; and
* Clinical Services and Documentation.

Other pertinent issues will also be addressed as they become apparent.

FORMAL REVIEW PROCESS

Pre-Visit Information

In order to orient the review team to the program to be reviewed, certain information may be requested prior to the review visit. The CONREP program is to provide the requested information in a timely manner.

Interviews

Reviews will be conducted through interviews with relevant persons including the Community Program Director and/or Coordinator, program staff, individual patients, court and local law enforcement personnel, and other community representatives, as deemed appropriate.

Individual Record Review

Sample Number

A sample number of case records, including some which are closed, will be reviewed. The charts to be reviewed will be selected on a random basis and are to include records from each clinician on the CONREP staff.

Purpose of Chart Review

During the site visit, the review team will verify and assess the quality of the chart contents, and evaluate the clinical data contained in the record.

The specific purposes of reviewing individual case records are to:

* Assess program performance and compliance with Core Service requirements; and

* Evaluate the documented provision of treatment services to individual patients based on the standards of good clinical practice and/or judgment.

FORMAL REVIEW PROCESS

Observation

In order to observe program operations, day treatment activities, residential "house meetings", group sessions and various staff meetings (e.g. administrative and clinical conferences) may be visited by review team staff.

Site Visit

The program facility and treatment program sites will be inspected for appropriateness, security and conformity to CONREP policies.

Exit Conference

An informal exit conference will be held to indicate some of the preliminary impressions and findings of the review team.

Review Report

Within 30 days of an on-site review, a written report will be finalized. The Clinical Program Review Report will be submitted to the CONREP Operations Manager, with copies to the Community Program Director and Chief, Forensic Services.

The report will be based on **Program Review Guidelines** and will contain recommendations related to specific findings of the review team.

Corrective Action Plan

When a program review results in a need for corrective action, the Community Program Director shall submit a written response and corrective action plan to the CONREP Operations Manager within 60 days of the date of the review report.

INFORMAL REVIEW PROCESS

Purpose

Informal reviews will be conducted on an ongoing basis by state Forensic Services staff. These reviews will be focused on particular aspects of individual programs. All program functions relevant to safe and effective treatment and supervision will be considered.

Overview

Program assessment through the informal review process will be implemented through regular contacts with each program throughout the year. The data gained will provide state forensic services staff with reasonably comprehensive, accurate and current data regarding the program. Information about program functioning will be obtained by utilizing any or all of the methods described below.

Informal Review Method

Liaison Activities

These activities include:

* Telephone Consultation
  Telephone communication between state forensic services staff and local program is a major means of collaborative problem solving, acquiring and imparting information and providing technical assistance and consultation; and

* Site Visits
  State forensic services staff will ultimately visit service delivery sites, whether contractor or sub-contractor. These may include residential and vocational resources.

Interviews

Interviews may occur with administrative and clinical staff, including the staff of sub-contractors, program patients and officers of the court.

INFORMAL REVIEW PROCESS

Informal Review Method (cont.)

Observation	In order to observe program operations, day treatment activities, residential "house meetings", group sessions and various staff meetings (e.g. administrative and clinical conferences) may be visited by review team staff.

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

A. PROGRAM PHILOSOPHY

All aspects of the program reflect implementation of an overall philosophy that is consistent with the CONREP program philosophy detailed in the CONREP Policy and Procedure Manual.

B. ORGANIZATIONAL STRUCTURE

1. The CONREP program is a clearly identified entity within the overall organization, whether county or private provider;

2. The program is staffed by a Community Program Director who has been designated by DMH, is well qualified and effectively implements the program, taking ultimate legal responsibility for all patients;

3. Clinical responsibility for the program, whether held by the Program Director or delegated, is clearly assigned and evident to all program staff; and

4. As needed, subcontracts exist between CONREP and other mental health providers in the community and staff are knowledgeable about these resources and the current criteria for those services.

C. CLINICAL STAFF

1. Clinicians have the appropriate education, license, expertise and demonstrated ability to deal with mental illness and forensic patients;

2. Program staff is interdisciplinary, when possible, and reflects the diversity and needs of population served;

3. Program staff functions as an effective interdisciplinary team; and

4. Clinical supervision is accessible to all staff.

D. POLICY AND PROCEDURE COMMUNICATION

1. The program has developed written internal policies and procedures which are consistent with those issued by the DMH and maintains a local program policy and procedure manual;

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

D. POLICY AND PROCEDURE COMMUNICATION (cont.)

2. Copies of the Penal Code, the CONREP Policy and Procedure Manual, and State Forensic Information Letters are easily available, kept up to date and are used by program staff;

3. Staff administrative meetings are held periodically and are documented; and

4. A procedure exists to provide all new staff with orientation to CONREP (including, but not limited to; the CONREP philosophy, state policy and procedures, and appropriate statutes).

E. CLINICAL PROCEDURES

1. **State Hospital Liaison**

   a. Clear procedures exist for processing hospital referrals, tracking and ensuring timely visits to hospital patients and documenting visits;

   b. A State Hospital Liaison file exists for each state hospital patient;

      1) Appropriate documentation exists within this file which demonstrates assessment of state hospital patients referred for COT, decisions regarding acceptance or denial, and communication of such in well-reasoned, persuasive form to all relevant parties; and

      2) Clinical progress and disposition notes are also documented in the State Hospital Liaison file, including transfer of cases to other programs.

   c. The program maintains effective working relationships with State Hospital Forensic Coordinator and treatment staff.

2. **Core Services**

   a. An effective system exists to monitor the provision of core services;

   b. Core services are provided according to Minimum Performance Standards; and

   c. Waivers exist for those patients receiving less than minimum core service standards and/or are receiving substitutions among core services.

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

E. CLINICAL PROCEDURES (cont.)

3. Judicial System and Court Reports

a. Monitoring System & Timeliness of Reports

1) Clear procedures exist for processing and tracking court reports;

2) Quarterly, annual and disposition reports to the court are completed within specified timelines and are reflected in the patient record;

3) All reports are signed/countersigned by the Community Program Director; and

4) Copies of reports are sent to appropriate recipients (prosecuting attorney, defense attorney, parole agent, CPD of county of commitment, if applicable).

b. Content and Quality of Reports

1) Reports to the court are adequately informative with content reflecting report requirements (see E. 3.a.2) above);

2) Dispositional recommendations are included and explained; and

3) Reports are clearly identified as to purpose.

c. Relationship with Court Officers

1) Effective working relationships with local parole and court officers and law enforcement agencies have been established; and

2) Effort is made to collaborate with the local judiciary and personnel of the District Attorney's and Public Defender's offices on CONREP and related issues.

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

E. CLINICAL PROCEDURES (cont.)

4. **Emergency Coverage**

   a. Program maintains 24 hour accessibility and has well established procedures for emergency coverage; and

   b. Appropriate arrangements for emergency transportation of patients have been established for the program, field offices and subcontractors.

5. **Confidentiality**

   a. Patient records are maintained in a secure location to protect confidentiality;

   b. Procedures exist for the protection of patient confidentiality and release of information; and

   c. Notices of Confidentiality (MH 1711) are on file for all staff who receive or handle any confidential information.

6. **Other Patient Rights and Responsibilities**

   a. Staff is aware of situations that present a Duty to Warn when confidentiality does not apply;

   b. Procedures are established for patient access to records and a Statement of Access to Record procedure is posted;

   c. Staff is aware of necessary actions if a patient is in possession of a dangerous weapon, according to legal class;

   d. Program compliance with offender registration (Sex, Arson, Narcotic/Drug offenses) is ensured upon patient's admission to CONREP, either annually or quarterly, and with any change of name or residence; and

   e. Documentation of voter registration notification exists via Instructional and Declaration Form and is kept for two years in a separate file.

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

E. CLINICAL PROCEDURES (cont.)

7. **Grievance Process**

   a. Program has established grievance procedures for patient complaints based on policies disseminated by the State Department of Mental Health, including access to patient rights advocates; and

   b. Patient grievance procedures are posted and copies of CONREP Patient Grievance Form (MH 7010) are readily available to all patients.

8. **Special Incident Reports**

   a. A separate "Special Incident Reports" (SIR) file exists which documents all program occurrences during the past seven years which meet the "special incident" definition and CONREP Operation reviews; and

   b. Following the CONREP Operations' response to a SIR, the program conducts and documents an internal review, including any program changes made prior to or following the filing of the SIR.

9. **Revocation and Rehospitalization** (*Also see II. B.5)*

   a. Procedures exist which specify the criteria for which a patient should be reviewed for hospitalization pending a judicial hearing for revocation or DMH rehospitalization hearing for MDO parolee/patients; and

   b. These procedures specify those persons and agencies to be contacted, transportation arrangements and completion of the appropriate rehospitalization referral packet.

F. OPERATIONAL PROTOCOLS

1. **Substance Abuse Screening** (*Also see II. D.1)*

   a. Urine samples are obtained at random, unscheduled times and are submitted to the CONREP statewide contract lab;

   b. Program has written procedures for collection of urine that assure the integrity of the specimen and testing procedure;

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

F. OPERATIONAL PROTOCOLS (cont.)

c. These procedures meet guidelines for substance abuse screening and specimen collection as established in the CONREP Policy and Procedure Manual;

d. There is a clearly articulated written policy against substance abuse by patients;

e. There are written procedures for staff observation of patients for signs of illicit substance abuse;

f. Program staff are trained and are able to demonstrate proper specimen collection practices; and

g. Skilled substance abuse treatment services are provided or are obtained from other sources and patient's attendance is monitored.

2. **Specific Infectious Diseases**

a. The program has identified an HIV/AIDS/HBV resource person to whom other staff and patients can be referred for the most current information and materials;

b. Policies and procedures dealing with HIV and HBV virus exposure and infection for both patients and staff are incorporated into program operation;

c. Universal precautions are utilized for the handling of all body fluids, including wearing disposable latex or vinyl gloves; and

d. Case management concerns are considered when developing the medical care plan for patients with specific infectious diseases.

3. **Clozapine Treatment**

a. Programs have a Clozapine Treatment Systems (CTS) policy and procedure; and

b. Procedures and requirements for Clozapine treatment services are incorporated into the Terms and Conditions of Outpatient Treatment for patients receiving Clozapine.

PROGRAM REVIEW GUIDELINES

I. PROGRAM ADMINISTRATION AND OPERATIONS

G. PHYSICAL PLANT

1. Program offices and other sites are reasonably accessible and conducive to the provision of treatment and supervision; and

2. Program has provided certification by appropriate authority that all sites meet all applicable requirements of the Americans With Disabilities Act with regard to accessibility of the building and available parking, or reasonable accommodation.

H. SECURITY MEASURES

1. Reasonable precautions for protection of staff and patients, including adequate office security, are evident; and

2. Emergency procedures and protocols exist in case of patient injury, assaultive behavior or natural disaster.

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

A. PATIENT RECORD

1. A formal CONREP patient record exists for each active outpatient and should include MH 5628 (Referral Face Sheet) and all relevant attachments sent with referral packet (see below), and the contents of the previous hospital liaison file;

2. A review of specific records indicates presence of appropriate documentation in these general categories:

   a. Forensic Data Base (e.g. arrest and probation reports, court ordered evaluations, commitment order, maximum commitment computation form, and other relevant historical medical and legal material and legal information such as reports on committing offense and criminal justice history);

   b. Relevant clinical information including, social and mental health histories, offense precursors and risk factors, psychological testing, psychiatric evaluations, court reports and behavioral evaluation data;

   c. Copy of Terms and Conditions of Outpatient Treatment;

   d. Verification of Sex, Arson or Substance Abuse Offender Registration, if applicable;

   e. Updated treatment plan;

   f. Current Individual Risk Profile;

   g. Documentation of core and other clinical services, staffing reports and/or Annual Case Reviews; and

   h. Court reports.

3. Progress notes and other entries in the patient's clinical record reflect the services and treatment plan (3 months); and

4. The CONREP patient record shall not contain SIR reports, CI&I “Rap Sheets”, Voter Registration Forms and identification of other patient names.

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

B. TREATMENT PLANNING

1. **Admissions/Discharges**

   a. The program has clear criteria for admission, revocation, rehospitalization and discharge;

   b. Specific justifications for recommendations are documented; and

   c. Follow-up planning is appropriate for continuing care.

2. **Forensic Treatment Focus and Individual Risk Profile**

   a. The mental health treatment and supervision services provided by the program are clinically focused on forensic treatment with a primary emphasis on relapse prevention;

   b. Forensic issues are delineated in the treatment plan and addressed in Annual Case Reviews and court reports;

   c. Clinicians demonstrate an ongoing awareness of patient's status regarding de-compensation, reoffense and/or violence and are aware of probable risk factors for each patient and his/her specific violence and decompensation history; and

   d. The staff is familiar with legal commitment requirements and program implications of the patients' legal status.

3. **Court Approved Terms and Conditions of Outpatient Treatment**

   a. Terms and Conditions of Outpatient Treatment are current, specific to the needs of the individual patient, appropriate and comprehensive; and

   b. The Terms and Conditions of Outpatient Treatment are submitted annually to the Court.

4. **Treatment Plan**

   a. All patients have treatment plans which are updated as needed (at minimum annually) in response to case conferences, clinical staffings, psychological assessment results, Individual Risk Profile, special incident analysis and other forms of objective assessment;

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

B. TREATMENT PLANNING (cont.)

4. **Treatment Plan** (cont.)

b. Individualized treatment plans relate directly to the patient's diagnosis, commitment type, actual offenses, warning signs, Individual Risk Profile and other clinically relevant issues;

c. Goals and objectives are clearly delineated, behaviorally specific and measurable;

1) Goals specify long range major outcomes expected to be achieved over time in treatment; and

2) Objectives consist of specific behaviors that are operationally defined, observable and measurable by anyone observing the behavior.

d. All patients are assigned to an appropriate Phase and Level of Service.

5. **Revocation, Rehospitalization and Interprogram Transfers** (*Also see I. E. 8)*

a. Revocation is requested when the patient needs extended inpatient treatment or is not amenable or refuses to accept further outpatient treatment and supervision;

b. Alternatives to hospitalization have been considered and documented, including warning letters and face-to-face discussions;

c. Patient is involuntarily confined when he/she poses an imminent risk of harm to self or others;

d. Program submits Request for Revocation for judicial and PC 2970 commitments or completed MH 1791 for MDOs;

e. Patient is transferred to inpatient treatment facility, voluntarily or involuntarily and not revoked (judicial and PC 2970 commitments); and

f. Patients are referred to other CONREP programs when clinically indicated; responsibility is maintained until other program formally accepts the patient.

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

C. TREATMENT AND SUPERVISION SERVICES

The treatment services provided are appropriate to the individual patient's needs. Following the provision of any service, appropriate individualized clinical notes are recorded in the patient record. These notes should indicate the nature of the service, as well as the patient's response/interaction.

1. **Forensic Individual Contacts**

   The content of progress notes indicate forensic individual contacts maintain focus and attention on patient's criminal thought processes and related behavior.

2. **Group Contacts**

   a. The content of progress notes for group sessions (contacts) is relevant to the level of peer/social interaction, interpersonal skills, coping will illness and life situations, cognitive/social skills and capacity to deal openly with forensic issues and mental illness;

   b. Notes of group sessions address level of interaction, interpersonal skills, cognitive and social skills and discussion of forensic issues; and

   c. Surnames of other group members are not evident in group notes.

3. **Home Visits**

   a. Determination is made regarding the patient's level of functioning both physically and emotionally in the home environment;

   b. Living situation, including neighborhood environment is assessed for possible risk, including any behavior consistent with prior criminality, psychiatric decompensation or presence/absence of contraband; and

   c. Observations on both scheduled and unscheduled visits are noted in light of patient's criminal history, mental illness, treatment plan and adherence to current Terms & Conditions of Outpatient Treatment.

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

C. TREATMENT AND SUPERVISION SERVICES

4. **Collateral Contacts**

   a. Contacts for each patient are indicated in patient record by name, address, telephone number and their relationship to the patient; and

   b. Notes regarding these contacts include information obtained about patient's level of functioning and compliance with Terms & Conditions of Outpatient Treatment.

5. **Substance Abuse Screenings** *(Also see I. F.1)*

   Treatment notes adequately document the outcomes of positive screenings and any response/action indicated in relation to the patient's potential risk.

6. **Supplemental Services**

   a. The supplemental services provided for patients enhance individualized treatment and supervision;

   b. Supplemental services provided are noted in the patient treatment plan by provider, type of service, frequency and dates of service; rationale for specific service is also noted; and

   c. Progress notes from supplemental service providers are obtained at least quarterly and filed in the patient record and progress is summarized in Quarterly and Annual reports.

7. **Psychiatric Services**

   Psychiatric services provided to CONREP patients meet community psychiatric practice standards. To this end, the program psychiatrist:

   a. Documents fully the rationale and indications for psychotropic medications prescribed;

   b. Documents in progress notes changes in diagnosis, signs and symptoms of the disorder, treatment recommendations, response to medications prescribed, compliance side effects and changes in medication with rationale for changes;

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

C. TREATMENT AND SUPERVISION SERVICES

7. **Psychiatric Services [Section 1530]** (cont.)

c. Documents effectiveness of medications prescribed on an ongoing basis, along with the means of evaluating medication effectiveness;

d. Prepares an admission note which addresses signs and symptoms of the disorder, treatment recommendations, response to medications prescribed, compliance, side effects, and changes in medication with rationale for changes, justifications for continued medication use (including risk/benefit, informed consent, and Tardive Dyskenisia), and advisement of the patient of his/her illness, need for treatment, proposed treatment plan, and risks/benefits of treatment;

e. Prepares an annual psychiatric note, as part of the annual case review, which documents diagnosis, signs and symptoms of the disorder, treatment recommendations, response, compliance, side effects, and rationales for changes in any medications prescribed, along with justifications for continued medication use (including risk/benefit, informed consent, and Tardive Dyskenisia), and advisement of the patient of his/her illness, need for treatment, proposed treatment plan, and risks/benefits of treatment;

f. Incorporates forensic issues into proposed treatment and documentation;

g. Orders necessary laboratory tests and initials results before filing them in the patient record, or, enters results in progress notes to verify awareness of results;

h. Requests a copy of medical physical examinations conducted on program patients, where performed by other clinics or agencies;

i. Fully informs patients of the proposed treatment program including the anticipated beneficial outcome, possible immediate and/or long term effects of medications prescribed, and alternative therapies and medications;

j. Obtains patient's written or documented verbal assent to the plan of treatment, whenever possible;

k. Participates in case conferences and staff meetings; and

l. Has a clear procedure for emergency or vacation coverage.

PROGRAM REVIEW GUIDELINES

II. CLINICAL SERVICES AND DOCUMENTATION

C. TREATMENT AND SUPERVISION SERVICES

8. **Medication Services**

Medication services provided are a well integrated part of the patient's treatment plans. To this end the psychiatrist:

a. Schedules opportunities to discuss medication issues with program staff;

b. Follows the CONREP Psychiatric Practice Guidelines' Table of Upper Limits of Usual Dosage;

c. Seeks expert consultation from a Psychopharmacological Consultation System (Medication Monitoring/Peer Review) when a plan of treatment is initiated which includes an exception to the psychotropic medication guidelines;

d. Indicates the generic names of drugs, dosage, frequency of administration, and refill numbers on prescriptions;

e. Provides patients with information on the medications they receive in a simple written format; and

f. Uses PRN medications in accordance with prevailing community outpatient standards.

D. ASSESSMENT SERVICES

1. All types of assessments are conducted according to timelines in the CONREP Policy and Procedure Manual;

2. Standardized Psychological Testing reports are included in the patient record, but not raw test data which should be in the Psychologist's testing file;

3. Standardized Psychological Testing is administered by certified or contract panel psychologist at specified times;

4. Annual Case Reviews are conducted via an interdisciplinary staff meeting to review, all available clinical and test information, and are documented;

5. BPFQ Assessment are administered at admission, and annually; and

6. Related materials (Terms and Conditions, treatment plan, Individual Risk Profile) are updated annually based upon assessment results.